



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

Declassification / Reclassification Application

PWS ID

See Instructions

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Public Water Supply Information

PWS Name

PWS Mailing Address

PWS Location (if different)

Contact Person and Phone Number

email address

Present system classification (check one):

☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

B. Declassification/Reclassification Information

Request for: ☐ Declassification or ☐ Reclassification to: ☐ Com ☐ NTNC ☐ TNC

Ownership Type: ☐ Private ☐ Municipal ☐ State ☐ Federal

Service area served by your water system:

☐ Residential ☐ Academic ☐ Industrial ☐ Health Facility ☐ Commercial
☐ Recreational ☐ Other (specify) _____

Population served or using the facility: _____

Is the facility used ☐ all year long or ☐ seasonal from _____ through _____

Total number of days per year that 25 or more people use the facility: _____ days per year

Total number of service connections: _____

Total number of sources (include active, inactive, emergency, and backup): _____

Source Type:

Ground water: ☐ sand/gravel well ☐ bedrock well
Surface water: ☐ spring ☐ river/reservoir

Purchase from: PWS name _____ PWS ID number _____

Reason for this declassification or reclassification request: (Use additional sheet if necessary)

PWS Owner/Responsible Party Name: print _____

Signature: _____

Date: _____



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C. Board of Health Use Only

Please note: Boards of Health must consider at least one year of written daily attendance logs when determining the population of a facility.

Acknowledgement of the declassification or reclassification of _____

The Board of Health for the city/town of _____

acknowledges that the petitioner of this request ☐ is no longer a public water system

or

☐ be reclassified as a ☐ COM ☐ TNC ☐ NTNC

according to the definitions in the Massachusetts drinking water regulations 310 CMR 22.00.

BoH Agent Name: (print) _____

Signature: _____ Date: _____

D. MassDEP Use Only

☐ Approved

☐ Denied

Reason this request being denied:

MassDEP Official Name: (print) _____

Signature: _____ Date: _____

Instructions:

This form should be used for any registered/active public water system (PWS) that feels it does not meet the definition of a PWS or its present assigned classification, as defined in the Massachusetts Drinking Water Regulations 310 CMR 22.00, and requests that its status be declassified or reclassified.

Please be advised that if declassification or reclassification is granted, subsequent requests to be reclassified as a PWS will require meeting all of the Department of Environmental Protection's (MassDEP) standards in effect at the time the request for reclassification is made. For example, a grandfathered PWS which lacks the required protective radius around its well source, and whose request for declassification is granted, would have to comply with all MassDEP's requirements before the water system could again be approved as a PWS.

Please note that if a water system requests its declassification as a PWS or its reclassification to a different class, but subsequently operates the water system without MassDEP's prior approval or notification, that water system may be subject to enforcement action including monetary penalties.